DOCUMENT RESUME

ED 265 891 JC 860 049

AUTHOR Schobel, Deborah A.
TITLE The Hospice Concept: Health Occupation 305.
PUB DATE 4 Dec 85
NOTE 46p.; Graduate seminar paper, University of California at Los Angeles.
PUB TYPE Guides - Classroom Use - Guides (For Teachers) (052)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Adult Education; Adult Students; *Allied Health Occupations Education; Community Colleges; *Death; Health Education; Two Year Colleges; *Volunteer Training
IDENTIFIERS *Hospices

ABSTRACT

A description is provided of "The Hospice Concept," an elective course offered as part of a two-year college health occupations curriculum. The course is designed to further the students understanding of the multiple facets of death and dying and to prepare them to be hospice volunteers. Following a course description and a glossary of terms, major course goals and long-range goals and objectives are stated, the units of instruction are outlined, and materials of instruction are listed. The bulk of the course description provides information on the goals and objectives of the individual units: (1) Introduction to Hospice Care; (2) Attitudes towards Death and Dying; (3) Stages of Death and Dying; (4) Coping with Death and Dying; (5) Types of Pain and Management; (6) Communication Skills; (7) Community Resources and Supports; (8) Role of the Hospice Volunteer; (9) Legal Issues and Answers; (10) Grief and Bereavement; (11) The Threat of Suicide; (12) Funeral Arrangements--Facts & Fallacies; (13) Review of the Literature; (14) Common Problems in Hospice Care; (15) Organization and Structure of Hospices; (16) Ethical Issues in Hospice Care; (17) Acting the Part: You as the Hospice Volunteer; and (18) Final Exam Information. Finally, course grading criteria, procedures for course revision, an instructor evaluation form, a bibliography, a recommended reading list, and examples of course handouts are included. (LAL)

**********
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
**********

ED265891

# THE HOSPICE CONCEPT:

# HEALTH OCCUPATION 305

Instructor: Deborah A. Schobel
Alan Hancock Community College

GRADUATE SEMINAR PAPER,
UNIVERSITY OF CALIFORNIA
LOS ANGELES

4 December 1985

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

D. A. Schobel

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☒ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

JC 860 049

TABLE OF CONTENTS

Course Description.....1

Glossary of Terms.....3

Major Course Goals.....4

Long Range Goal and Objectives.....5

Units of Instruction Outline.....6

Materials of Instruction.....7

Description of Each Unit (Including Goals and Objectives)
1. Introduction to Hospice Care.....8
2. Attitudes Towards Death and Dying.....9
3. Stages of Death and Dying.....11
4. Coping With Death and Dying.....12
5. Types of Pain and Management.....13
6. Communication Skills.....14
7. Community Resources and Supports.....15
8. Role of the Hospice Volunteer.....16
9. Legal Issues and Answers.....17
10. Grief and Bereavement.....18
11. The Threat of Suicide.....19
12. Funeral Arrangements--Fact & Fallacies.....20
13. Review of the Literature.....21
14. Common Problems in Patient Care.....22
15. Organization and Structure of Hospices.....23
16. Ethical Issues in Hospice Care.....24
17. Acting the Part: You as the Hospice Volunteer..25
18. Final Exam Information.....27

Course Grading Criteria.....28

Procedures for Course Revision.....28

Instuctor Evaluation Form.....29

Bibliography.....30

Recommended Reading List (for assignment).....32

Examples of Course Handouts.....34

COURSE DESCRIPTION

The Hospice Concept is an elective course offered under the Health Occupation Curriculum at John Hancock Community College (JHCC). Its purpose is to further the students understanding of hospice oriented health care and to prepare the student to be a Hospice Volunteer if he/she chooses. The course deals with multiple facets of death and dying, granting insight to a portion of our lives and culture that we all face but seldom deal with intellectually. The Hospice Concept includes 54 hours of class time which is a combination of lectures, film, class discussion and one field trip. Class time to be distributed in 3 hour class sessions over the 18 week semester. The class utilizes several visiting lecturers, whom share their professional expertise from the surrounding communities.

This course is geared towards a high school prepared adult learner who has a desire to learn about hospice and the issues within the hospice concept. It requires the student to deal with sensitive subject matter, including personal feelings about death and dying, the stages (physical and psychological) of dying and requires participation in a trip to a community mortuary. Although this subject matter causes discomfort in many students, it must be dealt with to achieve a true understanding and appreciation of the material.

This course would be highly beneficial to anyone that intends to work with any of the health professions. Medical secretaries and unit clerks have commented that it helped them communicate with patients and families much more comfor-

tably. It is also of major benefit for those individuals who wish to cope better with death in their personal lives.

ENROLLMENT: Limited to 30

ANTICIPATED DROP RATE: 10% or about 3 students per class due to the sensitivity of the material presented.

INSTRUCTOR QUALIFICATIONS: Deborah A Schobel became a credentialed hospice volunteer in November of 1979. Since that time she has been involved in a variety of hospice activities, including starting the first military sponsored hospice program, Luke Hospice, at Luke AFB, Arizona. She has coordinated the training of both professional and volunteer staff and currently conducts the monthly Support Group meetings for the Hospice of Santa Maria in Santa Maria, Cal.. Her work as a Registered Nurse with a wide variety of patient types and settings, including oncology (cancer) patients, has contributed to her background knowledge and ability to apply the hospice concept of care. She is currently enrolled in the Master's of Nursing program at UCLA in the Oncology Subspecialty tract.

## GLOSSARY OF TERMS

TERMINAL ILLNESS: An illness which, if it continues or progresses, will cause the death of the individual. Usually, there is no known cure available and in many cases an estimate survival time is given as being 6 months or less.

HOSPICE: Traditionally it's a place of shelter for the traveler on a difficult journey. Currently used to refer to institutions designed to control and relieve the emotional and physical suffering of those dealing with a terminal illness.

FIVE PRIMARY STAGES OF DYING: As identified by Dr. Elizabeth Kubler-Ross they are Denial, Anger, Bargaining, Depression, and Acceptance.

BEREAVEMENT: Refers to the time and process of grieving the loss of someone or something meaningful to you.

SUICIDAL IDEATION: Thinking about or planning to take steps to end one's own life.

MAJOR COURSE GOALS

The major long range course goal of the Hosice Concept is that individuals who complete the training program will have an increased awareness of the hospice concept of care and will assist in its acceptance and support in the community. This goal is in keeping with several of the goals/purposes of the Hancock Community College, specifically, in helping provide a general education, an occupational education and by supporting a community service (JHCC Course Catalogue 1985-86). In achieving the above goal, the student has become a better informed, more knowledgable health care consumer. It should enhance his/her ability to effectively deal with the subject of death as related to his/her personal feelings, family members, and fellow citizens. The Hospice Concept, as mentioned earlier, would be a valuable asset for anyone entering a health-related occupation. It offers the student a perspective of death and dying which contributes to the students ability to deal with death and, in so doing, addresses a segment of life which other health occupation education frequently avoids. Last, the Hospice Concept prepares individuals who wish to provide community service in the form of Hospice volunteer activities with a basic education required for that type of service. Thus, the Hospice Concept course actually fulfills 3 different purposes of this institution and therefore positively reflects the goals of this community college.

## LONG RANGE GOAL AND OBJECTIVES

LONG RANGE GOAL: Individuals that complete the training program will have an increased awareness of the hospice concept of care and will assist in its acceptance and support in the community.

OBJECTIVE #1: 75% of the graduating members will support their community hospice by voluntarily joining the "Friends of Hospice" group in their community, within one year of course completion. [Requires minimal fee and entitles member to news letter---no other obligation.]

OBJECTIVE #2: Upon questioning the graduates one year after course completion, 80% will have:

A. Discussed the "hospice concept" with at least 3 individuals outside of their immediate class.

B. Referred at leastr one individual/family to a hospice resource after identifying a possible need.

OBJECTIVE #3: Within one year of course completion, one of every ten class participants will serve as a hospice volunteer.

## UNITS OF INSTRUCTION WITHIN THE HOSPICE CONCEPT

| UNIT# | TITLE | # OF HOURS |
|---|---|---|
| 1. | Introduction to Hospice Care | 3 |
| 2. | Attitudes Towards Death and Dying | |
| | A. Personal and Cultural Factors | 3 |
| | B. Religious Factors | 3 |
| 3. | Stages of Death and Dying | 2 |
| 4. | Coping with Death and Dying | 1 |
| 5. | Types of Pain and Management | 3 |
| 6. | Communication Skills--Effective Intervention | 3 |
| 7. | Community Resourses and Supports | 3 |
| 8. | Role of the Hospice Volunteer | 3 |
| 9. | Legal Issues and Answers | 3 |
| 10. | Grief and Bereavement | 3 |
| 11. | The Threat of Suicide | 3 |
| 12. | Funeral Arrangements--Facts & Fallacies | 3 |
| 13. | Review of the Literature | 3 |
| 14. | Common Problems in Hospice Care | 3 |
| 15. | Organization and Structure of Hospices | 3 |
| 16. | Ethical Issues in Hospice Care | 3 |
| 17. | Acting the Part: You as the Hospice Vol. | 3 |
| 18. | Final Exam | 3 |
| | Total Hours: | 54 |

## MATERIALS OF INSTRUCTION

TEXT BOOKS:

There is no one required text for this course. Instead, each student is required to read any two (2) books from the Recommended Books List (See pg. 32) which has been compiled from a list of books available at the local, Santa Maria Public Library. This list of available recommended readings follows the bibliography which you will find on page 30 of this syllabus. A two page report on both choices will be turned in by the beginning of Unit 13. Choices other than than those listed on the attached reading list, may be approved after consultation with the instructor.

AUDIO-VISUAL MATERIALS:

"From Both Ends of the Stethoscope", John S. Trumbold, M.D., Director, Scripps Memorial Hospital, Cancer Center Films, P.O. Box 28, La Jolla, California 92038.

"Until I Die", Elizabeth Kubler-Ross explaining the stages of dying. Source: The American Journal of Nursing, Educational Services Division, c/o Association-Sterling Films, 600 Grand Ave., Ridgefield, NJ 07657.

UNITS OF INSTRUCTION

UNIT #1

## Introduction to Hospice Care

Hospice refers to a manner of thinking and dealing with death and the dying process. The term Hospice and the development of current hospices has a long international history. Students require an understanding of the overall concept of "hospice" before delving into the specific components involved in providing hospice oriented care.

GOAL #1: Student will know the definition of the term "hospice" and how it came to be used for institutions caring for terminally ill people.

OBJECTIVE #1: Following the first class, during an in class evaluation, the student will explain, in one written paragraph, where the word "hospice originated and how it is used in the context, "Hospice Concept of Care".

GOAL #2: Student will understand how hospice care often differs from, and occasionally conflicts with, standerd medical care in the United States.

OBJECTIVE #1: Following the first class, including viewing the film "From Both Ends of the Stethescope", the student will be able to identify the goal of hospice care and show how it differs from standard medical care. To be evidenced by successful completion of the following in class quiz question:

Hospice care emphasizes giving more attention to the ..... of life, rather than just the ..... of life.

Provide one possible example of the above situation.

UNIT #2

## Attitudes Towards Death and Dying

Multiple personal and cultural influences help create our individual attitudes towards death and dying. In this unit the student will take an indepth look at his/her own attitudes towards death and be given an opportunity to understand how others develop their own attitudes and beliefs. Part (A) will deal with personal and cultural factors. Part (B) will deal with religious factors.

Part A.:

The importance of identifying personal feelings and attitudes is addressed by lecture and discussion. Students participate in a variety of in class exercises to help achieve the following goals.

GOAL #1: Student will gain insight into his/her own personal feelings and beliefs about death.

OBJECTIVE #1: Following a lecture/discussion of how personal experiences and culture may influence attitudes, students will be asked to think of their first interface with death. Each student will then write, in class, one paragraph about how that experience relates to their current feelings/attitudes towards death.

OBJECTIVE #2: Following a lecture/discussion about how we expect people who are dying to behave, each student will participate in a class exercise which requires them to list the following:

Try to imagine that you have been told that you have only 6 months to live. List in the order of importance what your top 5 priorities or goals would be.

GOAL #2: Each student will gain insight into how personal and cultural factors affect attitudes towards death and dying.

OBJECTIVE #1: Students will be asked to share their first, or other experiences with death with the class. They will also be asked to share how these experiences might have affected their feelings about death and dying.

OBJECTIVE #2: After completing the exercise described under Goal #1/Obj. #2 the students will be asked to share some of their lists. Class members will participate in a discussion of how these lists matched or differed from their expectations.

OBJECTIVE #3: During an in class exercise, in one page or less, the student will identify 2 cultures with death rituals different from their own and give one specific example of behaviors they might see, in these cultures, different from their own.

Part B:

Students will recieve lectures from and ask questions of three individuals representing different religious idealogies. The topic for discussion: How do members of your religious background deal with death and dying? History, traditions, and current practices to be addressed. The three speakers would preferably come from local organizations, and the Jewish, Catholic, Protestant and if possible, other religious viewpoints (Hinduism, Buddhism etc.) should be presented.

GOAL #1: Students will encounter attitudes and beliefs about death and dying different than their own, and be able to relate these beliefs to the behaviors and attitudes of dying patients.

OBJECTIVE #1: In an in class excercise, given a list of 10 attitudes or behaviors observed by individuals or families coping with death, the student will match them with a list of major religious group affiliations with 80% accuracy.

OBJECTIVE #2: Outside of class each student will prepare a one page paper identifying how the anxieties of a patient or family dealing with death may be directly related to their religious beliefs.

UNIT #3

## Stages of Death and Dying

Students need to be familiar with the research and findings of Dr. Elizabeth Kubler-Ross. This class is dedicated to covering that material and presenting it in a format which makes it useful to students as they try to understand the behaviors and needs of individuals and families facing death. Video tapes of Dr. Kubler-Ross may be utilized in the presentation.

GOAL #1: Student will be able to identify the 5 commonly occuring stages of coping with death as identified by Dr. Kubler-Ross and relate them to specific behaviors.

OBJECTIVE #1: Given an acronym, students will list, during an in class excercise the 5 primary stages of coping with death as identified by Dr. Kubler-Ross with 100% accuracy.

OBJECTIVE #2: Given a list of 10 behaviors the student will name the most likely stage of death/dying that they represent with 80% accuracy.

UNIT #4

## Coping with Death and Dying

Death is a subject which is highly stressful for nearly all of us. Those involved with hospice care are no exception and, in fact, may be victims of a very high burn-out rate. This unit encourages discussion of students anxieties with the subject and identifies ways to help them cope. This class to be led by the coordinator of volunteers for the local hospice, or similar spokesperson of experience.

GOAL #1: Students will understand that constant exposure to dying individuals is very stressful, despite any amount of training.

OBJECTIVE #1: Students will identify in one paragraph, during an in class exercise, one reason why dealing with dying patients will always be highly stressful regardless of the amount of training recieved.

GOAL #2: Students learn several ways to cope with the normal amount of stress experienced in dealing with dying individuals.

OBJECTIVE #1: During an in class exercise, each student will list 2 activities that would help him/her cope with the stress associated with working with dying patients and their families.

UNIT #5

## Types of Pain and Management

Since symptom control is one of the most important principals of hospice oriented care, it is imperative that the student have an understanding of the many types of pain experienced by individuals and families that are facing death. In addition, the student must have some knowledge of effective interventions for the different types of pain--at least who to consult for assistance in dealing with them. This material is presented by lecture with plenty of opportunity for questions by the students. It is best if it can be presented by an experienced hospice nurse.

GOAL #1: Students will have knowledge of two types of pain, other than physical pain, that are experienced by many terminally ill patients.

OBJECTIVE #1: Each student will list, during an in class exercise, two types of pain, other than physical, experienced by many terminally ill patients and give an example of each.

GOAL #2: Students will learn how a wide variety of interventions may be utilized to bring about relief of physical pain.

OBJECTIVE #1: In class, given ten True/False statements regarding interventions for physical pain, the student will correctly identify the T/F status of the statements with 80% accuracy.

Examp: Cancer Chemotherapy may be utilized as a method of controlling physical pain in cancer patients. TRUE or FALSE

UNIT #6

## Communication Skills--Effective Intervention

A major factor in being able to control symptoms in caring for patients/families facing death is being able to talk about the problems and solutions at hand. Thus, the ability to communicate with these individuals is critical to the entire process. This class focuses on the development of effective communicating skills in general, with applications in settings that one might find when dealing with death and dying. Ideally, this class will be taught by an individual skilled in counseling, preferably someone from the community that provides counseling to terminally ill patients and their families. It will require consideralble class participation and will include role playing.

GOAL #1: Students know that several factors contribute to the ability to communicate with people.

OBJECTIVE #1: When observing a role playing session in class, the students will identify 5 things that were preventing effective communication from taking place.

GOAL #2: Students will learn serveral techniques which may non-verbally or verbally encourage an individual to share his or her feelings.

OBJECTIVE #1: During an in class exercise, each student will list 2 non-verbal techniques that may promote communication.

OBJECTIVE #2: During an in class exercise, each student will list 2 verbal techniques that may promote communication.

UNIT #7

## Community Resources and Supports

Students need to be aware of the types of supports available to patiens and families facing a terminal illness within their community. An addition to listing the various agencies, representatives of several of the major groups will speak and answer questions on the services available. Students will also be advised on how to contact these agencies for assistance.

Examples of agencies presented:
- American Cancer Society
- Visiting Nurse Agency
- Meals on Wheels Program
- American Lung Assoc.
- Ostomy Associaltion
- Homemakers Group

GOAL #1: Students will learn how to utilize the different types of services available for individuals in their community.

OBJECTIVE #1: Given a list of the various support agencies within the community, the student will match them to a list of 10 identified patient or family needs with 80% accuracy during an in class exercise.

OBJECTIVE #2: Given a specific family problem that one might face with a terminal patient, the student will identify how they would bring the family and community resources together. This to be described within one paragraph during an in class exercise.

Example: Mr. J is a 59 year old man, living alone with terminal cancer. He is getting weaker but can still get around at home. He needs transportation for his radiation therapy and hasn't been eating well. He wants to stay at home with his pet cats. You can't provide transportation and food. How might you help this man out?

UNIT #8

## Role of the Hospice Volunteer

Students need to understand the important role that the hospice volunteer play in working with patients/families that are facing death. Following a lecture that will explain both the primary and multiple other purpose of the volunteer, the students will hear a panel of three active volunteers share their personal experiences, both good and bad, as volunteers. The panel will answer student questions after the presentations.

GOAL#1 Each student will learn the importance of the hospice volunteer and will understand what the role of the volunteer encompasses.

OBJECTRIVE #1: During an in class evaluation, the student will corrently define (in one word) the most important role of the hospice volunteer. It might be done by accurate completion of the following sentence:

The most important role of the hospice volunteer is that of being a ..... to the patient/family.

OBJECTIVE #2: During the same evaluation, each student will identify five behaviors of a volunteer that would actively provide hospice care for the hospice patient/family.

OBJECTIVE #3: During the same evaluation, each student will correctly complete the following sentence:

It is not the responsibility of the hospice volunteer to know how to solve all of the problems facing the hospice patient and family, rather the hospice volunteer acts as:

.....

.....

UNIT #9

## Legal Issues and Answers

There are many legal issues involved in the concept of hospice care. We will focus on two primary legal aspects in this class. The first will deal with the legal concerns of the patient and family. This will address both regular and "living" wills, powers of attorney, legal incompetency etc.. The second aspect will address the legal liabilities and limitations of the volunteer. This class will be taught by one of two community lawyers who are volunteer consultants to the local hospice.

GOAL #1: Students will know some of the more common legal issues which patients and families of dying patients must deal with.

OBJECTIVE #1: Students will, during an in class exercise, identify three reasons why they should encourage people to have a"Last Will and Testament".

OBJECTIVE #2: Students will demonstrate knowledge regarding the purpose and limitations of "living wills" by answering 5 true/false questions wth 80% accuracy during the same exercise.

Examp: The standard State form for a "living will" is available to anyone at the local stationary supplier in town. True or False?

GOAL #2: Students will know what their basic legal limits are when acting as hospice volunteers.

OBJECTIVE #1: Given a list of 10 possible requests by patients or families, the student will respond to each in 25 words or less, identifying a prudent, legally acceptable reply to 80% of the requests. To be completed in class.

Example: Mrs B asks you to give her husband his pain medication while she is out shopping. You have gone to sit with him so she can get away for a while. What would you do?

UNIT #10

## Grief and Bereavement

To understand the processes involved in dealing with death and dying, the student must have a basic understanding of grief. They must understand that grieving is a natural and necessary part of death and they should be able to identify normal vs. abnormal grieving behaviors. This class will be taught by a local psychologist who is currently providing counseling to patients/families that are having difficulties with the grieving process.

GOAL #1: Hospice volunteers usually provide bereavement support to the families for a minimum of one year following the death of a family member. Students will understand the purpose and importance of this support.

OBJECTIVE #1: Students will state in one paragraph or less the purpose of the hospice bereavement program during an in class exercise.

GOAL #2: Students will be able to differentiate between grossly normal and abnormal grieving behaviors.

OBJECTIVE #2: When given a list of ten grieving behaviors, the student will, ith 80% accuracy be able to identify whether or not the behavior is PROBABLY NORMAL (not requiring professional intervention) or PROBABLY ABNORMAL (requiring professional intervention).

Examp: Mr. G tells you that he is sure he hears hears his recently deceased wife calling to him occasionally. His wife died 5 weeks ago. Is this PROBABLY NORMAL OR PROBABLY ABNORMAL behavior?

**REMINDER---Two Book Reports due in 3 weeks; See Unit #13**

UNIT #11

## The Threat of Suicide

The thought of suicide often occurs to people who are dying. The student needs to know the reasons for the suicidal thoughts and how to identify and deal with them. This class to be taught by either a Registered Nurse with psychiatric specialty training or a psychologist, preferably from the local community. Class will consist of lecture, discussion, and role play exercises.

GOAL #1: Students will understand their responsibility to notify someone in authority if they learn of any suicidal ideation.

OBJECTIVE #1: When given an example of suicidal ideation by a patient, the student will identify his/her immediate responsibility, in one paragraph or less, with 100% accuracy. This to be completed during an in class exercise.

GOAL #2: Students will know a course of questions to ask the indivdual that will give insight into (1) how real the threat of suicide is and (2) how it might be avoided.

OBJECTIVE #1: During an in class exercise, given a suicidal comment by an individual, the student will list 3 questions that the student should ask to clarify the degree and circumstances of the threat.

UNIT #12

## Funeral Arrangements--Facts and Fallacies

Dealing with funeral arrangements is usually a very stressful experience for those facing a personal or family death. Assisting people cope with this stress is often a major role of the hospice volunteer. To educate the student in the process, this class will be taught by one of the community's funeral home directors. It will consist of lecture and a field trip to the funeral home to experience what the family member that makes the arrangements must deal with. In the past, this has been a very informative and interesting class.

GOAL #1: The student should know the purpose of a funeral.

OBJECTIVE #1: The student will write in one paragraph or less, what the purpose of the funeral is, other than disposal of the body remains, during an in class exercise.

GOAL #2: The student should know what the services of a funeral director include.

OBJECTIVE #1: The student will identify, in writing 3 services that the funeral director can take care of for the family, during a quiz.

GOAL #3: The student will see the types of decisions that family members must make, including expenses that have to be dealt with when arranging for a funeral.

OBJECTIVE #1: The student will participate in a tour/presentation given at a community mortuary.

GOAL #4: The student will gain an appreciation for discussing funeral arrangements before they are needed.

OBJECTIVE #1: During an in class exercise, student will explain in one paragraph why pre-planned funerals are of such a benefit to the family.

UNIT #13

## Review of the Literature

This class is devoted to a review of the books and articles that are reviewed by students during this course. The students will share their interpretations of the readings they chose with other class members. The topics will be open to class questions and discussion.

GOAL #1: To provide students with an idea of what types of literature is available and being read regarding the issues of death and dying.

OBJECTIVE #1: Each student will read 2 of the selections from the recommended reading list contained at the end of this syllabus. Outside of class, each student will write a two page paper on each of the selections, including:

A. Summary of topic
B. How it might relate to this class
C. What you thought of the book/article

These papers to be turned in at the beginning of this class. Grades to provide 15% of final course grade.

OBJECTIVE #2: Each student will give a 5-10 minute verbal presentation on one of the two books or articles he/she read for this unit.

UNIT #14

## Common Problems in Hospice Care

This class is devoted to a discussion of a variety of problems that often arise when dealing with people/families who are facing death. Many of the major, more universal problems have already been addressed in individual classes. Today we will cover other subjects which, although they won't be covered in great depth, still warrant some discussion as these issues are always major to the individuals involved.

GOAL #1: Students will learn about a variety of problems that face hospice patients/families and have a basic understanding of how some of these problems arise.

OBJECTIVE #1: Given a list of 10 problems that a terminal patient is likely to be faced with, the student will give, in short answer format, a possible reason for each problem.

Example: Malnutrition
Confusion
Immobility

GOAL #2: Students will have a basic understanding of the types of interventions used for these problems and what resource persons can help find solutions.

OBJECTIVE #1: Given a list of 10 interventions, the student will match a given list of problems with 80% accuracy during an in class exercise.

UNIT #15

## Organization and Structure of Hospices

The Hospice Movement has been profound in this country over the last decade. This class focuses on the fact that there are many different types of hospices although most have the same principles of care. In looking at in patient hospices the students will learn about St. Christopher's Hospice, a model hospice established in London, England. The development, function and problems of the National Hospice Organization (NHO) in this country will be discussed. Finally, the ins and outs of our own community's hospice will be studied.

GOAL #1: Students will know the major types of hospices that are currently functioning.

OBJECTIVE #1: In an in class exercise, students will write in 25 words or less, the difference between:
A. Inpatient and Outpatient Care
B. Certified and Noncertified Hospices
C. Volunteer versus Reimbursed Staff

GOAL #2: Students will know how their community hospice operates.

OBJECTIVE #1: In an in class exercise, students will draw a diagram of how the community hospice operates. It will include the patient, patient's physician, nurse, social worker, coordinator of volunteers, and the volunteer.

UNIT #16

## Ethical Issues in Hospice Care

The student needs to give consideration to the multiple ethical considerations that are faced in providing hospice care. This class is dedicated to the identification and discussion of several of those issues. They include:

A. The Rights of Dying Patients
B. Euthenasia
C. Ethical Requirements of Volunteers

GOAL #1: Students to be familiar with the "Dying Patient's Bill of Rights".

OBJECTIVE #1: During an in class exercise, each student will pick 2 of the Rights of Dying Patients, and explain in one paragraph for each, why each of those Rights is important to the person that is dying.

GOAL #2: Students will understand the ethical principles that must guide all individuals that work with patients/families.

OBJECTIVE #1: During an in class exercise, students will write a paragraph discussing the importance of one identified ethical standard for volunteers.

Examp.: Patient Confidentiality
Respect of Religious Beliefs

UNIT #17

Acting the Part: You as the Hospice Volunteer

The student now gets the opportunity to apply all the information gathered in previous classes. This class will consists of group discussion and problem solving sessions. The class will be divided into groups of 3-4 students. Each group will be given a different patient/family scenario with an assignment to develop a plan for the care of the patient and family. A guideline format is provided.

GOAL #1: Students will be able to apply the information and skills gained in previous classes when confronted with various situations and with a variety of personality types.

OBJECTIVE #1: Each group of students will develop a rational plan of care utilizing the given outline within a one hour problem solving session.

OBJECTIVE #2: Students share their patient/family situation with the class and present their plan of care. Students will verbally discuss/critique the plans/interventions made by their peers.

## OUTLINE FOR APPROACHING CASE STUDY

1. What will your goals be?
   a. Short Term
   b. Long Term

2. Identify major problems.
   a. Patient problems
   b. Family problems

3. What will you try to learn your first visit?

4. How long would you stay on the first visit?

5. Which agencies might you contact to help this patient/family?

6. What sort of support would you offer this family?

7. How might you work on improving the quality of life in this situation?

8. How will you deal with this patient's anger and depression?

9. How will you handle the emotion charged statements? How about patient or family crying?

10. How would you handle your emotional reaction?

11. How would you help the patient retain control of their own life and promote his/her sense of being included?

12. What might you advise this patient/family regarding pain control?

13. What legal aspects need to be addressed? Wills? Funeral plans?

14. What suggestions might you give the family about the patient's environment?

15. What, if any, bereavement problems could you anticipate?

UNIT #18

## Final Exam

GOAL #1: To assess students ability to analyze a situation utilizing the hospice concept, identifying problem areas and potential ways of finding solutions.

OBJECTIVE #1: During the final exam, each student will address a patient scenario utilizing the outline utilized in Unit #17. The student will answer the questions in writing, utilizing any notes or reference material that he/she wishes. The student will have two hours to complete the exam.

EVALUATION PROCESS

GRADING CRITERIA

Student grading will be determined by combining three scores:

| | | |
|---|---|---|
| A. | Meeting Course Objectives | 70% |
| B. | Grades on Book Reports | 15% |
| C. | Final Exam Grade | 15% |

There are 40 course objectives listed in this syllabus, not including the written book reports and the final exam. That portion of the grade will be determined by the number of those 40 objectives that the student successfully completes:

| | |
|---|---|
| Student completes | 35-40 Obj. = A |
| | 30-34 Obj. = B |
| | 25-29 Obj. = C |
| | 20-24 Obj. = D |
| | 0-19 Obj. = F |

PROCEDURE FOR REVISING COURSE

The Hospice Concept will be revised on a regular basis in order to meet the given course goals. Information from student evaluations like the "Instructor Evaluation" that follows will be of primary significance. Other factors will include % of objectives that students are able to meet and feedback recieved in a survey of class participants done one year after course completion.

It is anticipated that 95% of students that stay in the course after the third unit, will successfully complete the course. Those who fail will be required to retake the course to recieve credit.

## INSTRUCTOR EVALUATION

Please circle the number corresponding most accurately with the degree of your agreement or disagreement with the statement.

| | Strongly Disagree | Disagree | Agree | Strongly Agree |
|---|---|---|---|---|
| Examp: Life is sometimes tough. | 1 | 2 | (3) | 4 |
| 1. The course content was presented in a clear and organized manner. | 1 | 2 | 3 | 4 |
| 2. You knew the goal of the course by the first few classes. | 1 | 2 | 3 | 4 |
| 3. You knew what was expected of you to successfully complete the course. | 1 | 2 | 3 | 4 |
| 4. Course content accurately reflected what was stated in the Course Catalogue. | 1 | 2 | 3 | 4 |
| 5. Instructor stimulated your interest in the subject matter. | 1 | 2 | 3 | 4 |
| 6. Instructor appeared sensitive to student needs/questions. | 1 | 2 | 3 | 4 |
| 7. You learned something from taking this course/class. | 1 | 2 | 3 | 4 |
| 8. You felt personally challenged in this course/class. | 1 | 2 | 3 | 4 |
| 9. You felt you wasted your time by taking this course/class. | 1 | 2 | 3 | 4 |
| 10. You felt the grading was fair. | 1 | 2 | 3 | 4 |
| 11. There was too much subject matter for the time allotted for the class. | 1 | 2 | 3 | 4 |

PLEASE LIST ANY OTHER COMMENTS OR SUGGESTIONS YOU HAVE THAT MIGHT CONTRIBUTE TO THE QUALITY OF THIS COURSE/CLASS:

THANK YOU!

SUGGESTED READINGS

(BIBLIOGRAPHY)

## BIBLIOGRAPHY


Abdellah, Faye G., Harper, Bernice C., and Lunceford, Janet L., "Report on Hospice Care in the United States", Health Care Financing Administration, Sept., 1982.

Amenta, Madalon O'Rawe, "Hospice U.S.A. 1984 - Steady and Holding", Oncology Nursing Forum, 11:5, 69-74, Sept./Oct. 1984.

Aries, Philippe, Western Attitudes Toward Death, Baltimore, Md., John Hopkins University Press, 1974.

Coping with Cancer: A resource of the Health Professional, National Cancer Institute, NIH Publication No. 80-2080, Bethesda Md., 1980.

Death: The Final Stage of Growth, ed. by Elisabeth Kubler-Ross, Englewood Cliffs, N.J., Prentice-Hall, 1975.

Dobihol, Shirley V., "Hospice: Enabling a patient to Die at Home", Amercan Journal of Nursing, Aug., 1980, pp.1448-1453.

Funerals: Consumer's Last Rights, ed. by Consumer Reports, New York, Norton, 1978.

Jackson, Charles O., Passing: the Vision of Death in America, Westport, Conn., Greenwood, 1977.

Kavanaugh, Robert E., Facing Death, Baltimore, Md., Penguin, 1974.

Koff, T.H., Hospice, A Caring Community, Cambridge, Mass., Winthrop, 1980.

Kubler-Ross, Elisabeth, On Death and Dying, New York, Macmillan, 1975.

Kubler-Ross, Elisabeth, To Live Until We Say Goodby, Englewood Cliffs, N.J., Prentice-Hall, 1978.

McIver, V., "A Time to be Born, A Time to Die", Cancer Nurse , Sept., 1980, 38-41.

Morra, Marion and Potts, Eve, Choices: Realistic Alternatives in Cancer Treatment, New York, Avon Books, 1980.

Saunders, Cicely, "The Hospice: Its Meaning to Patients and Their Physicians", Hospital Practice, June, 1981, 93-108.

Stoddard, Sandol, The Hospice Movement, A Better Way of Caring for the Dying, Briarcliff Manor, NY, 1978.

Schulz, Richard, The Psychology of Death, Dying, and Bereavement, Reading, Mass., Addison-Wesley, 1978.

The Breast Cancer Digest, National Cancer Institute, NIH Publication No. 81-1691, Bethesda, Md., 1980.

Understanding Cancer, ed. by Mark Renneker and Steven Leib, Palo Alto, Cal., Bull Publishing Co., 1979.

Weir, Robert F., Ethical Issues in Death and Dying, New York, Columbia University Press, 1978.

Zimmerman, J.M.,"Hospice: Complete Care of the Terminally Ill, Baltimore, Md., Urban and Schwarzenberg, 1981.

SUGGESTED READINGS
Choose 2 for Unit #13
Papers/Presentation

TAPES, BOOKS, PAMPHLETS DONATED TO THE SANTA MARIA PUBLICE LIBRARY (MAR. 1982)
BY SANTA MARIA HOSPICE INC.

TAPES

3 Relaxation and Mental Imagery as Applies to Cancer Therapy - Dr. O.Carl Simonton

3 The Role of the Mind in Cancer Therapy -- Dr. O. Carl Simonton

4 Health and Wellness -- Emmett Miller, M.D.

4 Healing Journey -- Emmett Miller, M.D.

4 Rainbow Butterfly -- Emmett Miller, M.D.

BOOKS

2 On Death & Dying -- Elizabeth Kubler-Ross

Questiona and Answers on Death & Dying -- Elizabeth Kubler-Ross

Dying and Grief: Nursing Interventions -- American Journal of Nursing

2 Talking About Death, A Dialogue Between Parent & Child -- Earl A. Grollman

The Hospice Movement -- Sandol Stoddard

When Your Loved One is Dying -- Earl A. Grollman

2 Living When a Loved One Has Died -- Earl A. Grollman

Living With Dying -- Glen W. Davidson

Concerning Death: A Practical Guide for the Living -- Earl A. Grollman

The Private Worlds of Dying Children -- Myra Bluebond-Langner

Love -- Leo Buscaglia

The Cancer Reference Book -- Paul M. Levitt, Elissa S. Guralnick, Dr. Robert Kagan and Dr. Harvey Gilbert

Learning to Say Goodby -- Edna LeShaw

Make Today Count -- Orville E. Kelly

2 Dying -- John Hinton

The Hour of Our Death -- Geoffrey Chapman

Dealing With Death and Dying, A Nursing Skillbook

Psychosocial Care of the Dying Patient -- Charles A. Garfield, Ph.D.

Bereavement -- Colin Murray Parkes

Bereavement: Studies of Grief/Adult Life

Explaining Death to Children -- Earl A. Grollman

Understanding Grief -- Edgar Jackson

The Dying Patient --Orville G. Brim

Dying & Dignity -- Melvin J. Krant, M.D.

Nurse & the Dying Patient -- Jeanne C. Quint

Awareness of Dying -- Anselm Strauss

Time For Dying -- Barney Glaser

Death Final Stage of Growth -- Elizabeth Kubler-Ross

Blew & Death of the Mag -- Wendy Lichtman
Shannon (a novel) -- Gordon Parks
Widow -- Lynn Caine
Cancer & Vitamin C -- Cameron, Evan, Pauling, Lewis
Love is Letting Go of Fear -- Gerald G. Jampolsky, M.D.
Getting Well Again -- O. Carol Simonton, M.D.
Care of the Dying -- Richard Lamerton
Hour of Our Death -- Philippe Aries

Buscaglia, Leo, M.D.--The Fall of Freddie the Leaf
Alex -- The Life of a Child -- Frank Deford
Life After Death -- Morton Kelsey
The Aquarian Conspiracy -- Marily Ferguson
The Last Thing we Talked About -- Joseph Boyle
When Bad Things Happen to Good People -- Harold S. Kushner
Eternal Life? Hans Kiing

HANDOUT SAMPLES

Handouts provided in the original document included copyrighted materials which are not available through ERIC.

The excised materials are:

Crill, Marjorie E., "In Bereavement." The Journal of Practical Nursing; p22-25 Oct 1977

Funeral Costs: A Detailed Explanation of Final Expenses. Glendale, CA: Chapel of the Chimes Mortuary, 1978.

"Managing Your Pain Medications at Home." Oncology Nursing Forum; v12 n4 p79-82 Jul-Aug 1985

Markel, William M.; Sinon, Virginia B. The Hospice Concept. New York: American Cancer Society, 1978.

When You Must Make Funeral Arrangements: What Must Be Done and How We Can Help You. Glendale, CA: Chapel of the Chimes Mortuary, 1978.

## ETHICS FOR VOLUNTEERS

1. Volunteers will conduct themselves in a manner that is befitting to Hospice and the Hospice concept.

2. Volunteers will keep commitments with their patient/families and Hospice staff. If the volunteer absolutely cannot keep a commitment he or she will notify the patient/family and Coordinator of Volunteers as far in advance as possible.

3. Volunteers will respect the lifestyle, cultural and religious orientation of patients/families with whom they work, avoiding the temptation to impose the volunteers' standards upon them. The volunteer is in the patients' home to help meet the patients' needs within the context of his life situation. It is inappropriate to attempt to change the patient/family life style in any way. The patient/family wishes and needs are of primary concern and take precedence over the wishes and needs of the volunteer.

4. Volunteers will carefully guard any and all confidential material pertaining to the patient/family or any hospice matter.

5. Volunteers will attempt to give care and service according to the level of their training and ability, avoiding the assumption of expertise inappropriate to their skill and training.

6. The spiritual resources of the patient/family, volunteer and hospice staff are very important considerations in the plan of care, but the volunteer will guard against any overt or subtle effort to convert the patient/family to a particular religious orientation. Of greatest importance will be the volunteers' own applied love, acceptance and emotional availability in the context of the patient's/family's need. When the patient/family reveal spiritual needs, the Hospice staff should be informed so that appropriate response may be made.

7. The Hospice team (staff and volunteers) will be attentive to the needs of the patient/family, and to the needs of the members of the team itself, so that a spirit of interdependence and support may govern all relationships within the Hospice of the Valley.

8. The volunteer will in no way deviate from the plan of care developed by the Hospice team in consultation with the patient's/family's physician or other agency involved in the development of the plan of care.

9. Volunteers will refrain from discussions with the patient/family concerning any differences of opinion and approach which may develop within the Hospice team or between the Hospice team and the patient's/family's physician or other agency involved in the plan of care.

## ETHICS FOR VOLUNTEERS (cont'd)

10. If the patient's/family's questions or concerns regarding wills and/or requests are revealed to the volunteer, the volunteer will report such needs immediately to the Executive Director of Hospice so that an appropriate response can be made.

## GRIEF MOURNING AND BEREAVEMENT

GRIEF: is the emotional response to loss.

MOURNING: the process whereby we work through the loss, regaining a sense of balance and integration in our our own lives. Mourning is a functional necessity not a weakness; it is a form of healing. We need to create the opportunities for families to be able to share their needs with us so we can help them.

BEREAVEMENT: describes the event of loss - of death itself.

- - - - - - - - - - - - - - - -

### CHART OF CRITICAL TIME INTERVALS

| | |
|---|---|
| 24-48 hours | The impact of reality hits |
| 5-7 day | Mild depressive reaction; feeling of "let-down" |
| 6-8 weeks | Most difficult adjustment period; the impact of the loss hits with acute symptoms of anxiety and depression:<br>1. Loss of sleep and overeating<br>2. Sleep changes<br>3. Weeping<br>4. Fatigue<br>5. Tremors<br>6. Acute mood swings<br>7. Decreased ability to concentrate & remember<br>8. Loss of sex drive or desire |
| around 3 months | Irritability and complaining<br>Physical and verbal acting-out of anger & frustration<br>Tears<br>Physical complaints such as headaches, backache, diarrhea, etc. |
| around 6 months | Depression |
| around 12 months | Mild recurrent associated with the anniversary of the loss; also occurs on special dates such as birthdays, holidays |
| 12-18-24 months | Acceptance or resolution of the grief |

## THE DYING PATIENT'S BILL OF RIGHTS

I have the right to be treated as a living human being until I die.

I have the right to maintain a sense of hopefulness however changing its focus may be.

I have the right to be cared for by those who can maintain a sense of hopefulness, however changing this might be.

I have the right to express my feelings and emotions about my approaching death in my own way.

I have the right to expect continuing medical and nursing attention even though "cure" goals must be changed to "comfort" goals.

I have the right not to die alone.

I have the right to be free from pain.

I have the right to have my questions answered honestly.

I have the right not to be deceived.

I have the right to have help from and for my family in accepting my death.

I have the right to die in peace and dignity.

I have the right to retain my individuality and not be judged for my decisions which may be contrary to beliefs of others.

I have the right to discuss and enlarge my religious and/or spiritual experiences, whatever these may mean to others.

I have the right to expect that the sancity of the human body will be respected after death.

I have the right to be cared for by caring, sensitive, knowledgeable people who will attempt to understand my needs and will be able to gain some satisfaction in helping me face my death*

* This Bill of Rights was created at a workshop on "The Terminally Ill Patient and the Helpting Person," in Lansing Michigan, sponsored by the Southwestern Michigan Inservice Education Council and conducted by Amelia J. Barbus, Associate Professor of Nursing, Wayne State University, Detroit. From American Journal of Nursing 75 (January 1975: 99 Reprinted with permission.

ERIC CLEARINGHOUSE FOR JUNIOR COLLEGES
MAR 28 1986